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Santa Clara, CA 95052

Intel Legal Team

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**AUG 02 2005**

**Fax**

**Page 1 of 11**

**Date: August 2, 2005**

**To:** Dsmalls - Lyan                      **Fax:** 571-273-8300                      **Phone:** 571-272-1620  
United States Patent and Trademark Office

**From:** Michael D. Plimier                      **Fax:** 408-765-4087                      **Phone:** 408-765-7857

**Subject:**      **Response to Notice fo Non-Compliant Amendment  
in Application Serial No. 10/806,609**

**A CONFIRMATION COPY OF THIS DOCUMENT:**

**WILL NOT BE SENT**

Application No.:      10/806,609  
Filing Date:      March 22, 2004  
First Named Inventor: Mark A. Stettler et al.  
Group Art Unit:      2812  
Examiner Name:      Unknown  
Attorney Docket No.: P14691D

**Enclosures:**

1. Fax Cover Sheet (1 page)
2. Transmittal Form (1 page)
3. Fee Transmittal for FY 2005 (1 page in duplicate)
4. Response to Notice of Non-Compliant Amendment (7 pages)

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PTO/SB/21 (09-04)

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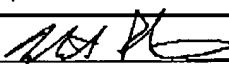
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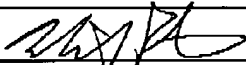
|                                                                                         |    |                        |                         |
|-----------------------------------------------------------------------------------------|----|------------------------|-------------------------|
| <b>TRANSMITTAL FORM</b><br><br>(to be used for all correspondence after initial filing) |    | Application Number     | 10/806,609              |
|                                                                                         |    | Filing Date            | March 22, 2004          |
|                                                                                         |    | First Named Inventor   | Mark A. Stertler et al. |
|                                                                                         |    | Art Unit               | 2812                    |
|                                                                                         |    | Examiner Name          | Unknown                 |
| Total Number of Pages in This Submission                                                | 10 | Attorney Docket Number | P14691D                 |

| ENCLOSURES (Check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                      |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |                                                                                     |          |        |
|--------------|-------------------------------------------------------------------------------------|----------|--------|
| Firm Name    | Intel Corporation                                                                   |          |        |
| Signature    |  |          |        |
| Printed name | Michael D. Plimier                                                                  |          |        |
| Date         | August 2, 2005                                                                      | Reg. No. | 43,004 |

## CERTIFICATE OF TRANSMISSION/MAILING

|                                                                                                                                                                                                                                                                                                               |                                                                                     |      |                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------|----------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: |                                                                                     |      |                |
| Signature                                                                                                                                                                                                                                                                                                     |  |      |                |
| Typed or printed name                                                                                                                                                                                                                                                                                         | Michael D. Plimier                                                                  | Date | August 2, 2005 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/17 (12-04v2)

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|                                                                                                                                                     |  |                                                                                                                                                                                                                  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Effective on 12/08/2004.<br>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4018).<br><b>FEE TRANSMITTAL</b><br><b>For FY 2005</b> |  | <b>Complete If Known</b><br>Application Number 10/806,609<br>Filing Date March 22, 2004<br>First Named Inventor Mark A. Stettler et al.<br>Examiner Name Unknown<br>Art Unit 2812<br>Attorney Docket No. P14691D |  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27                                                                      |  |                                                                                                                                                                                                                  |  |
| TOTAL AMOUNT OF PAYMENT (\$) 0.00                                                                                                                   |  |                                                                                                                                                                                                                  |  |

**METHOD OF PAYMENT (check all that apply)**

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 50-0221 Deposit Account Name: Intel Corporation

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 300         | 150                   | 500         | 250                   | 200              | 100                   | 0              |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    | 0              |
| Plant            | 200         | 100                   | 300         | 150                   | 160              | 80                    | 0              |
| Reissue          | 300         | 150                   | 500         | 250                   | 600              | 300                   | 0              |
| Provisional      | 200         | 100                   | 0           | 0                     | 0                | 0                     | 0              |

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|----------|---------------|
|--------------|--------------|----------|---------------|

|              |   |   |  |
|--------------|---|---|--|
| - 20 or HP = | x | = |  |
|--------------|---|---|--|

HP = highest number of total claims paid for, if greater than 20.

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|----------|---------------|
|---------------|--------------|----------|---------------|

|             |   |   |  |
|-------------|---|---|--|
| - 3 or HP = | x | = |  |
|-------------|---|---|--|

HP = highest number of independent claims paid for, if greater than 3.

**Small Entity**

| Fee (\$) | Fee (\$) |
|----------|----------|
|----------|----------|

|    |    |
|----|----|
| 50 | 25 |
|----|----|

|     |     |
|-----|-----|
| 200 | 100 |
|-----|-----|

|     |     |
|-----|-----|
| 360 | 180 |
|-----|-----|

**Multiple Dependent Claims**

| Fee (\$) | Fee Paid (\$) |
|----------|---------------|
|----------|---------------|

|   |   |
|---|---|
| 0 | 0 |
|---|---|

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--------------------------------------------------|----------|---------------|
|--------------|--------------|--------------------------------------------------|----------|---------------|

|         |        |                                |   |   |
|---------|--------|--------------------------------|---|---|
| - 100 = | / 50 = | (round up to a whole number) x | = | 0 |
|---------|--------|--------------------------------|---|---|

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)


Other (e.g., late filing surcharge):

**Fees Paid (\$)**

|   |
|---|
| 0 |
|---|

|   |
|---|
| 0 |
|---|

**SUBMITTED BY**

|                   |                                                                                     |                                          |                        |
|-------------------|-------------------------------------------------------------------------------------|------------------------------------------|------------------------|
| Signature         |  | Registration No. (Attorney/Agent) 43,004 | Telephone 408-765-7857 |
| Name (Print/Type) | Michael D. Plimier                                                                  | Date August 2, 2005                      |                        |

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04v2)

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|                                                                                                                                                     |  |                          |                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------|-------------------------|
| Effective on 12/08/2004.<br>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).<br><b>FEE TRANSMITTAL</b><br><b>For FY 2005</b> |  | <b>Complete if Known</b> |                         |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27                                                                      |  | Application Number       | 10/806,609              |
|                                                                                                                                                     |  | Filing Date              | March 22, 2004          |
|                                                                                                                                                     |  | First Named Inventor     | Mark A. Stettler et al. |
|                                                                                                                                                     |  | Examiner Name            | Unknown                 |
|                                                                                                                                                     |  | Art Unit                 | 2812                    |
| TOTAL AMOUNT OF PAYMENT (\$) 0.00                                                                                                                   |  | Attorney Docket No.      | P14691D                 |

**METHOD OF PAYMENT (check all that apply)**
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 50-0221 Deposit Account Name: Intel Corporation

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
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| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    | 0              |
| Plant            | 200         | 100                   | 300         | 150                   | 160              | 80                    | 0              |
| Reissue          | 300         | 150                   | 500         | 250                   | 600              | 300                   | 0              |
| Provisional      | 200         | 100                   | 0           | 0                     | 0                | 0                     | 0              |

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

| Fee (\$) | Small Entity Fee (\$) |
|----------|-----------------------|
| 50       | 25                    |

Each independent claim over 3 (including Reissues)

|     |     |
|-----|-----|
| 200 | 100 |
|-----|-----|

Multiple dependent claims

|     |     |
|-----|-----|
| 360 | 180 |
|-----|-----|

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|----------|---------------|
|--------------|--------------|----------|---------------|

|              |   |   |  |
|--------------|---|---|--|
| - 20 or HP = | X | = |  |
|--------------|---|---|--|

HP = highest number of total claims paid for, if greater than 20.

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|----------|---------------|
|---------------|--------------|----------|---------------|

|             |   |   |  |
|-------------|---|---|--|
| - 3 or HP = | X | = |  |
|-------------|---|---|--|

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

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| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--------------------------------------------------|----------|---------------|
|--------------|--------------|--------------------------------------------------|----------|---------------|

|         |        |                                |   |   |
|---------|--------|--------------------------------|---|---|
| - 100 = | / 50 = | (round up to a whole number) X | = | 0 |
|---------|--------|--------------------------------|---|---|

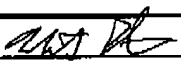
**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

| Fees Paid (\$) |
|----------------|
|----------------|

Other (e.g., late filing surcharge):

|   |
|---|
| 0 |
|---|

|                     |                                                                                     |                         |                        |
|---------------------|-------------------------------------------------------------------------------------|-------------------------|------------------------|
| <b>SUBMITTED BY</b> |                                                                                     | Registration No. 43,004 | Telephone 408-765-7857 |
| Signature           |  | (Attorney/Agent)        | Date August 2, 2005    |
| Name (Print/Type)   | Michael D. Plimier                                                                  |                         |                        |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Attorney's Docket No.: P14691D

Patent**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In Re Application of:

Mark A. Stettler et al.

U.S. Serial No: 10/806,609

Examiner: Not Yet Assigned

Filed: March 22, 2004

Art Unit: Not Yet Assigned

For: **METHOD AND STRUCTURE  
TO DECREASE AREA  
CAPACITANCE WITHIN  
A BURIED INSULATOR  
DEVICE**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RESPONSE TO NOTICE OF NON-COMPLIANT AMENDMENT**

Dear Sir:

In response to the Notice of Non-Compliant Amendment, mailed July 19, 2005, requesting a listing of claims with status identifiers, Applicant has submitted herewith a listing of claims with status identifiers.

Additionally, in the preliminary amendment submitted March 22, 2004, Applicants amended the specification. The replacement specification submitted June 21, 2004 did not reflect this amendment. Thus, this paper includes an amendment similar to the amendment of March 22, 2004 (the difference is because the parent patent has since issued) to ensure the specification reflects that this is a divisional application.

**Amendments to the Specification** is reflected in the listing that begins on page 2 of this paper. **Amendments to the Claims** are reflected in the listing of claims that begins on page 3 of this paper.

-1-

Serial No.: 10/806,609

Attorney Docket: P14691D